



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Foster D. Hinshaw

Application No.: 10/667,128

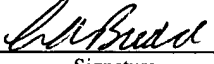
Group: 2162

Filed: September 18, 2003

Examiner: Jean B. Fleurantin

Confirmation No.: 7171

For: ASYMMETRIC DATA STREAMING ARCHITECTURE HAVING
AUTONOMOUS AND ASYNCHRONOUS JOB PROCESSING UNIT

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>MAY 22 2008</u> Date	<u></u> Signature
<u>Christine A. Budd</u> Typed or printed name of person signing certificate	

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	38	MINUS	* 38	0
INDEP	1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

* not fewer than 20
** not fewer than 3

SMALL ENTITY		
	RATE	ADDIT. FEE
X	\$ 25	\$
X	\$105	\$
+	\$185	\$

TOTAL = \$ 0

OR

OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE
X	50	\$ 0
X	\$210	\$ 0
+	\$370	\$

TOTAL = \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY	
Rate	Total Amount Owed
X \$130	\$[]

OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed
X \$260	\$[]

Payment Sufficient for up to
[] Sheets


Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated January 23, 2008 for one month from April 23, 2008 to May 23, 2008. The appropriate fee is set forth below.
- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

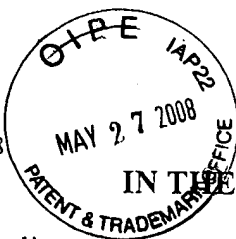
<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ _____

<input checked="" type="checkbox"/>	Petition for a one-month Extension of Time	\$ 120
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	_____
	Request for Continued Examination	\$ 810
		\$ _____

	TOTAL:	\$ 930

By 
David J. Thibodeau, Jr.
Registration No.: 31,671
Telephone (978) 341-0036
Facsimile (978) 341-0136

Dated: 5/22/08



COPY

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<u>May 22 2008</u> Date	<u><i>Christine A. Budd</i></u> Signature
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** not fewer than 3

SMALL ENTITY			OTHER THAN SMALL ENTITY		
	RATE	ADDIT. FEE		RATE	ADDIT. FEE
X	\$ 25	\$	X	50	\$ 0
X	\$105	\$	X	\$210	\$ 0
+	\$185	\$	+	\$370	\$
TOTAL = \$ 0			TOTAL = \$ 0		

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY		OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed	Rate	Total Amount Owed
X \$130	\$[]	X \$260	\$[]

Payment Sufficient for up to
[] Sheets

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- ☐ [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input type="checkbox"/>	Other Fees:	\$	_____
		\$	_____
		\$	_____
TOTAL:		\$	_____

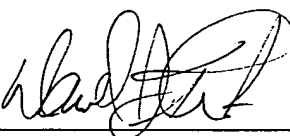
A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for a one-month Extension of Time	\$	120
<input type="checkbox"/>	Claims Fee	\$	_____
<input type="checkbox"/>	Application Size Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Continued Examination	\$	810
		\$	_____
TOTAL:		\$	930

- ☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By 

David J. Thibodeau, Jr.
Registration No.: 31,671
Telephone (978) 341-0036
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 5/22/88